

Fill in this information to identify the case:

Debtor 1 Jonathan Dale Driver
First Name Middle Name Last Name

Debtor 2
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the District of Arizona

Case number: 4:16-bk-14588

FILED

MAR 08 2023

U.S. BANKRUPTCY COURT
FOR THE DISTRICT OF ARIZONA

Form 1340 (12/19)

APPLICATION FOR PAYMENT OF UNCLAIMED FUNDS

1. Claim Information

For the benefit of the Claimant(s)¹ named below, application is made for the payment of unclaimed funds on deposit with the court. I have no knowledge that any other party may be entitled to these funds, and I am not aware of any dispute regarding these funds.

Note: If there are joint Claimants, complete the fields below for both Claimants.

Amount:	\$6,024.07
Claimant's Name:	Jonathan Dale Driver
Claimant's Current Mailing Address, Telephone Number, and Email Address:	2372 W hidden view pl Tucson AZ 85742 (480) 573-2892 Jonathandriver751@gmail.com

2. Applicant Information

Applicant² represents that Claimant is entitled to receive the unclaimed funds because (*check the statements that apply*):

- ☒ Applicant is the Claimant and is the Owner of Record³ entitled to the unclaimed funds appearing on the records of the court.
- ☐ Applicant is the Claimant and is entitled to the unclaimed funds by assignment, purchase, merger, acquisition, succession or by other means.
- ☐ Applicant is Claimant's representative (e.g., attorney or unclaimed funds locator).
- ☐ Applicant is a representative of the deceased Claimant's estate.

3. Supporting Documentation

- ☒ Applicant has read the court's instructions for filing an Application for Unclaimed Funds and is providing the required supporting documentation with this application.

¹ The Claimant is the party entitled to the unclaimed funds.

² The Applicant is the party filing the application. The Applicant and Claimant may be the same.

³ The Owner of Record is the original payee.

4. Notice to United States Attorney

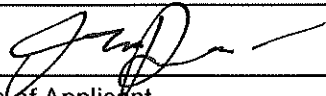
☒ Applicant has sent a copy of this application and supporting documentation to the United States Attorney, pursuant to 28 U.S.C. § 2042, at the following address:

Office of the United States Attorney
District of Arizona
2 Renaissance Square
40 North Central Avenue, Suite 1800
Phoenix, AZ 85004

5. Applicant Declaration

Pursuant to 28 U.S.C. § 1746, I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

Date: 2/27/2023


Signature of Applicant

JONATHAN DALE DRIVER

Printed Name of Applicant

Address: 2373 W HIDDEN VIEW PL
TUCSON AZ 85742

Telephone: (480) 573-2892

Email: Jonathandriver751@gmail.com

5. Co-Applicant Declaration (if applicable)

Pursuant to 28 U.S.C. § 1746, I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

Date: _____

Signature of Co-Applicant (if applicable)

Printed Name of Co-Applicant (if applicable)

Address: _____

Telephone: _____

Email: _____

6. Notarization

STATE OF Arizona

COUNTY OF Maricopa

This Application for Unclaimed Funds, dated 2-28-2023 was subscribed and sworn to before me this 28 day of February, 2023 by

Jonathan Dale Driver
who signed above and is personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument. WITNESS my hand and official seal.

(SEAL)

Notary Public

My commission expires:

DAVID KING

Notary Public - Arizona
Maricopa County

My Commission Expires October 02, 2026
Commission # 226362

10/2/2026

6. Notarization

STATE OF _____

COUNTY OF _____

This Application for Unclaimed Funds, dated _____ was subscribed and sworn to before me this _____ day of _____, 20____ by

who signed above and is personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument. WITNESS my hand and official seal.

(SEAL)

Notary Public

My commission expires:

UNITED STATES BANKRUPTCY COURT
DISTRICT OF ARIZONA

In Re

Jonathan Dale Driver

Debtor(s)

Chapter 13
Case No. 4:16-bk-14588
Adv. No. _____

Plaintiff(s)

v.

Jonathan Dale Driver

Defendant(s)

CERTIFICATE OF SERVICE

I, Jonathan Dale Driver certify that I am, and at all times during the service of process, was not less than 18 years of age.
(Name)
I further certify that the service of this summons and a copy of the complaint was made on 2-28-2023 by:
(Date)



Mail Service: Regular, first class United States mail, postage fully pre-paid, addressed to:
OFFICE OF UNITED STATES ATTORNEY DISTRICT OF ARIZONA
2 RENAISSANCE SQUARE 40 NORTH CENTRAL AVENUE SUITE 1800 PHOENIX AZ 85004



Personal Service: By leaving the process with the defendant or with an officer or agent of defendant at:



Residence Service: By leaving the process with the following adult at:



Certified Mail Service on an Insured Depository Institution: By sending the process by certified mail addressed to the following officer of the defendant at:



Publication: The defendant was served as follows: [Describe briefly]



State Law: The defendant was served pursuant to the laws of the State of _____ as follows: [Describe briefly]
(Name of State)

If service of process was made by personal service, residential service, or pursuant to state law, I further certify that I am not a party to the matter concerning which service of process was made.

Under penalty of perjury, I declare that the foregoing is true and correct.

2-28-2023

(Date)

(Signature)

Jonathan Dale Driver

(Print Name)

2372 W hidden view pl

(Business Address)

Tucson AZ 85742

(City, State, Zip Code)